



LOS ANGELES COUNTY COMMISSION ON HIV

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EXECUTIVE COMMITTEE MEETING MINUTES

June 27, 2016

Approved
07/25/2016

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/ CONSULTANTS
Brad Land, <i>Co-Chair</i>	Will Watts, Esq.	Jason Brown	Asim Akhter
Ricky Rosales, <i>Co-Chair</i>	Terrell Winder	Bridget Gordon	Cheryl Barrit, MPA
Al Ballesteros, MBA		Katja Nelson	Carolyn Echols-Watson, MPA
Kevin Donnelly		Terry Smith, MPA	Jane Nachazel
Michelle Enfield	MEMBERS ABSENT		Doris Reed
Aaron Fox, MPM	Joseph Cadden, MD		James Stewart
Anthony Mills, MD	Grissel Granados, MSW		
Mario Pérez, MPH			
Juan Rivera			DHSP STAFF
Kevin Stalter			None

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 6/27/2016
- 2) **Minutes:** Executive Committee Minutes, 5/23/2016
- 3) **Letter:** Pharmaceutical Access and the California AIDS Drug Assistance Program, 6/15/2016
- 4) **PowerPoint:** Epidemiology Overview & HIV Care Continuum, 6/21/2016
- 5) **Graphic:** Los Angeles County Commission on HIV Continuum of Care Conceptual Framework and Los Angeles County Commission on HIV Continuum of Care Operational Framework, *Draft*, 5/18/2016
- 6) **Roster:** (Proposed) Commission on HIV Membership Roster, 6/24/2016
- 7) **Application:** Martin Sattah, MD, PhD, 6/27/2016
- 8) **Application:** Eric Paul Leue, 6/27/2016
- 9) **Application:** Traci Bivens-Davis, 6/27/2016
- 10) **Application:** Eduardo Martinez, 6/27/2016
- 11) **Application:** Rebecca Ronquillo, 6/20/2016
- 12) **Application:** Clayton Chau, MD, PhD, 6/20/2016
- 13) **Policy/Procedure:** #07.1001: Duty Statement, Commissioner, *Draft, Revised 6/20/2016*
- 14) **Policy/Procedure:** #08.1301: Commission Representation at Conferences, Meetings and Other Sanctioned Events, *Adopted 9/9/2010, Reviewed 6/20/2016*
- 15) **Policy/Procedure:** #08.3100: Representation of Commission by Members, *Draft, Revised 6/20/2016*
- 16) **Policy/Procedure:** #08.2203: Teleconference Meetings, *Draft, 6/20/2016*
- 17) **PowerPoint:** Brief Overview of DHSP-Supported Jail-Based Services, 6/23/2016

1. **CALL TO ORDER:** Mr. Rosales called the meeting to order at 1:00 pm.

2. APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order with Item 11.E. Women's Caucus moved up to follow Item 9. Integration Advisory Board (IAB) (*Passed by Consensus*).

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3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve the 5/23/2016 Executive Committee meeting minutes, as presented (*Passed by Consensus*).

4. PUBLIC COMMENT (*Non-Agendized or Follow-Up*): There were no comments.

5. COMMITTEE COMMENT (*Non-Agendized or Follow-Up*): There were no comments.

6. DIVISION OF HIV and STD PROGRAMS (DHSP) REPORT:

- Mr. Pérez noted the letter in the packet on DHSP concerns with the 7/1/2016 Office of AIDS (OA) transition from the current AIDS Drug Assistance Program (ADAP) pharmacy benefits manager, eligibility and enrollment contractor to two contractors plus a third to assume current OA program work including payment of premiums and out-of-pocket costs.
- Karen Mark, MD, MPH, Chief, OA has assured Mr. Pérez that OA is prepared for the transition and that Los Angeles County clients will not need to change pharmacies, one issue raised in the letter. DHSP continues to monitor the situation.
- Mr. Fox said the California HIV Alliance also sent a letter with similar concerns to OA and the California Department of Public Health (CDPH) and has engaged in two conversations since then. Ramsell Corporation, the current ADAP pharmacy benefits manager contractor, has also sued California in respect to the contracts being awarded to the two new vendors. They attempted to obtain a temporary restraining order. The request was denied and the lawsuit is proceeding.
- Mr. Stalter is a member of two state committees including the Advisory Committee Workgroup. He reported training had started, but was disjointed. They said an effort would be made to fix issues for the next session, but system launch remains 7/1/2016. Enrollment Worker training to use the system is very technical, but attendees asked process questions and, while on the call, OA staff did not contribute though process and policy are intertwined.
- The test site used for training referenced Colorado-named programs. The system will be shut down for six days starting 6/28/2016 prior to coming up live 7/1/2016. Staff will be available on a hot line through the holiday weekend.
- Mr. Rivera reported speaking with Enrollment Workers countywide. They consistently felt training provided nothing useful for their jobs and were trying to identify the best options for their patients, e.g., doing ADAP enrollment early.
- Mr. Pérez reported PrEP services will be added at two Department of Public Health (DPH) clinics, Curtis R. Tucker Health Center and Central Health Center, in July. Trainings have gone well and staff appreciate the opportunity to add a new service. Negotiations are underway to initiate PrEP services at Martin Luther King Jr. Outpatient Center.
- Recommendations were finalized that morning for the 14 eligible work force solicitation responses. Justifications will be developed and letters should be released next week after County Counsel review. Contracts are expected to start in August.
- DHSP will meet that week with a Board Office to assess the Medical Care Coordination (MCC) extension possibility. Mr. Pérez thanked the Commission for its work in educating our elected officials on the importance of MCC. The data has become even more compelling in reflecting MCC's critical role in improving health outcomes for PLWH so there is a duty to make it broadly available. A DHSP Request For Proposals (RFP) is in development, but will require a longer timeframe.
- Dr. Mills asked if MCC sole source approval could be setting a precedent. Mr. Pérez replied DHSP did recently appeal to the Board to support an African American faith-based HIV prevention program with multiple contractors. Previously, there were separate African American and Latino HIV prevention programs plus a Community Development Initiative (CDI). The latter sunset after a few years and the Board did not renew the African American program due to contract issues. This sole source appeal is to fill the gap while an RFP is prepared. The contract is for 12 months with 9 month-to-month renewals.
- The last prior two sole source contracts were years ago. One pertained to the need to expand routine HIV testing in South Los Angeles as part of T.H.E. Clinic services to fill a gap. The other was to expend federal funds received to support the local family planning network. The California Family Health Council is the recognized local Title X provider which supports all the other family planning organizations so there was no other entity equipped to do the work.
- He agreed there was precedent to sole source MCC. Other departments are approved, but DPH has received more scrutiny.
- Kyle Baker and Maria Orozco have been developing a cross-walk of current activities, the plan to end AIDS and the Comprehensive HIV Plan (CHP) goals and objectives in order to develop a synergy among strategies.
- There has been a series of intra-DPH calls, including one that morning, on the recent cases of invasive meningococcal disease in Los Angeles County. DHSP was working closely with its DPH counterparts including Acute Communicable Disease Control, Immunization and DPH leadership to ensure information was being pushed out. There were clusters in 2013 and 2014 with notable DPH response including press conferences. Very little activity occurred in 2015.
- So far, there have been 9 cases in Southern California among MSM, not all in Los Angeles County. Normally there is sub-typing of the strain. There appears to be a cluster, but not an outbreak. A California release referenced an outbreak, but typically that is defined as more than one case per 10,000 of the target group. The estimate of gay men in the County is

400,000 or approximately 8% of men, somewhat higher than average due to migration from across the country. On the other hand, use of the term "outbreak" allows procurement of federal resources.

- The Commission earmarked \$250,000 in Ryan White resources to pay for vaccine for PLWH. Vaccine costs approximately \$100 and lasts approximately five years so there was presumably some level of protection among HIV+, gay men in the Ryan White system. Less is known about those outside the Ryan White system.
- The US Advisory Committee on Immunization Practices (ASIP) recently recommended PLWH vaccination. He, Dr. Sonali Kulkarni and others will be addressing dissemination of that message. He noted the HIV/STD Program has good relations with LGBT health leaders, but not all LGBT health issues are HIV/STD-specific. Entities should educate their populations.
- Mr. Fox asked about local clusters. Mr. Pérez replied there were several cases in SPA 4 and possibly one outside SPA 4. There is no evidence of connection so far. Transmission can occur through sharing saliva or cigarettes.
- DHSP sought to elicit input from its community partners on the need for a conference call to share information. Conference calls have been well received in the past. There was a series of them in 2014.
- Regarding Medi-Cal, Mr. Stalter was concerned that the Your Benefits Now (YBN) system does not allow clients to change their physical address. They must call to make a change with an agent. This population makes <\$16,400 per year, is often unstably housed and the Department of Public Social Services (DPSS) disseminates material by mail so updating an address should be part of the system. Mr. Pérez replied the relationship with DPSS was improving so the issue can be addressed.
- ➡ Mr. Pérez will forward a copy of the invasive meningococcal disease County health advisory notice.
- ➡ Mr. Pérez will request Terina Kerosoma look into the YBN system prohibition on changing addresses online and report back.

7. EXECUTIVE DIRECTOR'S REPORT:

- Ms. Barrit welcomed Mr. Akhter, Student Worker, University of California at Riverside. His primary Committee will be Public Policy in alignment with his interests. He will also work on a variety of projects for the Commission.
- She reported Dina Jauregui, Management Secretary, will start 7/5/2016. She will increase staff capacity by assuming many administrative responsibilities, maintaining the updated website, assisting with some committee minutes and helping to pick up work put on hold over the last few years. Ms. Jauregui is from the Public Defender's Office so is accustomed to a high energy, high profile, extremely political environment. As Ms. Barrit requested, she is bilingual English/Spanish.
- Ms. Barrit wanted to use this opportunity to center members around key discussions needed at the Commission. She has had feedback from both current and retiring members on whether the Commission should address Social Determinants of Health (SDH). SDH are important in achieving optimal health outcomes and the effort to end AIDS.
- She developed a PowerPoint tracing her commute from Long Beach reflecting life expectancies per zip code based on California Endowment data. The United States average is 78.8 years. Her commute ranges from 74 to 81 years.
- Conversations on SDH present the challenge to examine what happens locally that affects behavior and health outcomes.
- Public health research has identified the "immigrant paradox," i.e., new immigrants tend to retain more healthful country of origin diets and remain more active. As people become acculturated, they tend to assume the culture's poorer health habits such as fast food though some recent immigrants already suffer from high burdens of chronic disease like diabetes.
- That highlights the need for Commission program review to micro-target prevention and care approaches. SDH can inform those discussions, e.g., factors influencing health status are: lifestyle, 51%; biology, 20%; environment, 19%; and healthcare, 10%. They are inter-related, reflecting complexity of addressing health and HIV in a more comprehensive and effective way.
- She recommended the PBS series "Unnatural Causes." It articulates examples of health equity, inequities and disparities.
- She also provided a model used in maternal and child/adolescent health reflecting SDH as upstream issues, e.g., education, poverty, employment and housing. Other services such as primary prevention, secondary (safety net programs), medical care and tertiary services are designed to catch people just before or after their health begins to fail. Most Commission discussions focus on that group of later interventions, but SDH discussions, e.g., on housing, address upstream needs.
- Mr. Fox added the California Office of Health Equity has a plan to achieve health equity, "Portrait of a Promise." Their report is comprehensive and included upstream issues with infographics and statistics by region.

8. CO-CHAIRS' REPORT:

- Mr. Land has been rotating among committee meetings over the past six months. He urged Co-Chairs to be mindful to trust Ms. Barrit on pacing work. As work arises, he encouraged asking her about means and timelines to accomplish it.
- Concerning use of a Consent Calendar, Mr. Stewart said it is excellent for noncontroversial items, e.g., appointments. Subjects with an attached presentation or that require a roll call vote should not be placed on the Consent Calendar. For example, Motions 3 through 8 below could be one Commission Consent Calendar item and Motions 9 through 12 another.
- Anyone can request that a particular motion be pulled from the group and replaced at its normal agenda location.

- ➡ Group motions on July Commission meeting agenda as noted.

9. INTEGRATION ADVISORY BOARD (IAB) REPORT:

- Mr. Fox reported the IAB met 6/22/2016. It heard an in-depth presentation from Robin Kay, PhD, Acting Director, Department of Mental Health (DMH) as well as from Mary Marks on the integration goal to ensure people receive urgent care to avert the need for them to come into psychiatric emergency rooms. Alexander Li, MD, Deputy Director, Care Transitions, Department of Health Services (DHS), was also present to answer questions.
- Overall, he felt the meeting was a shameful display of lack of maturity, respect and decorum he has ever seen from officially appointed adults. He had to admonish the group for emotional outbursts, cheering and hollering. People followed Dr. Kay into the hallway after her presentation, cornered her and continued to yell at her. He felt many people were there for a game of got'cha with County officials and employees. There should be a natural adversarial relationship between those monitoring a project and those implementing it, but a level of respect should remain. He felt nothing was accomplished.
- Mr. Ballesteros could not attend, but was called. He thought the offices that appointed some of those people should be approached. Funds are being invested to help the County do this work so IAB members' ability to contribute should be questioned. The Commission on HIV members are informed and prepared, but many are not.
- Ms. Gordon reported there was a lot of emotion. She felt the IAB was not necessarily set up to be successful. The Board did not provide a clear vision for IAB work. She felt nothing was being accomplished.
- Mr. Land asked if a letter from Ms. Barrit and the Commission Co-Chairs concerning IAB member skill sets would help. He noted the Commission has Board Office representatives as well as IAB members so can show the connection.
- Mr. Fox was unsure whether a letter would help. He sent letters of apology to both Drs. Kay and Li. It is their responsibility to respond to questions with additional information as needed, but the manner of questioning was disrespectful.
- ➡ Mr. Fox will consider whether a Commission letter or other action would be helpful and report back.

10. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee:

(1) 2017-2018 Priority- and Allocations-Setting (P-and-A):

- Ms. Enfield reported PP&A met 6/21/2016. The next two meetings will be 6/28/2016 and 7/19/2016.
- Claire Husted, CHP consultant, presented on a wide range of data and ways to look at it. There was extensive discussion on data, key findings and missing data. Mr. Land noted aging data was a key gap to date.

(2) Comprehensive HIV Plan (CHP):

- Mr. Smith reported the CHP Task Force was meeting its targets. A full Commission meeting was scheduled for July.
- Ms. Husted provided the epidemiology overview prompting good discussion on missing data, data needed for goals/objectives and targets, e.g., via Tiers 2 and 3 listening sessions. The next meeting is 7/5/2016 at 1:00 pm.

B. Standards and Best Practices (SBP) Committee:

(1) HIV Continuum of Care:

- Ms. Barrit reported the Conceptual and Operational Frameworks in the packet were not yet finalized. This new approach using two Frameworks is designed to reduce the confusion in presenting both a social ecological model which addresses SDH and an operational model to address programming in one model.
- The next meeting on 7/7/2016 will continue work on populating programs on the Operational Framework.

(2) Service Effectiveness Evaluation (ESE):

- Ms. Barrit said SBP is evaluating the most effective way to address ESE. There are Requests For Proposals (RFPs) ESE applications, but it is important to ensure a realistic timeframe in consideration of other work.
- Wendy Garland has been providing input on DHSP's Outcomes Project. That information can help ensure ESE activities complement rather than duplicate DHSP's work.

(3) Prevention Standards and Special Populations Guidelines: SBP will be developing prevention standards for the first time over the next two years, a major undertaking. Standards work will be concurrent with Special Populations work. Ms. Reed has been preparing to launch work on the first four Special Populations once consultants are contracted.

C. Operations Committee:

- ➡ Mr. Stalter requested extension of the October Commission meeting to all day. Operations recommends the Commission meeting end at 12:30 pm. After lunch, the rest of the afternoon will focus on training. It was agreed.

- (1) **Membership Management:** Mr. Stalter reported five vacancies will remain assuming approval of the applicants below. All but two or three vacancies should be filled by August. Operations was waiting for guidance from Pamela Ogata on reflectiveness, but it appears to be in line with Health Resources and Services Administration (HRSA) requirements.
- (a) **Membership Application(s):** Mr. Stalter reviewed applications. There were no candidate concerns or questions.
- i) **Martin Sattah, MD, PhD - Provider Representative #8:**
MOTION 3: Approve Martin Sattah, MD, PhD for the Provider Representative #8 seat, as presented (***Passed by Consensus***).
 - ii) **Eric Paul Leue - HIV Stakeholder Representative #4:**
MOTION 4: Approve Eric Paul Leue for the HIV Stakeholder Representative #4 seat, as presented (***Passed by Consensus***).
 - iii) **Traci Bivens-Davis - HIV Stakeholder Representative #6:**
MOTION 5: Approve Traci Bivens-Davis for the HIV Stakeholder Representative #6 seat, as presented (***Passed by Consensus***).
 - iv) **Eduardo Martinez - Unaffiliated Consumer SPA 8, Alternate:**
MOTION 6: Approve Eduardo Martinez for the Unaffiliated Consumer SPA 8, Alternate, seat, as presented (***Passed by Consensus***).
 - v) **Rebecca Ronquillo - HOPWA Representative:**
MOTION 7: Approve Rebecca Ronquillo for the HOPWA representative seat, as presented (***Passed by Consensus***).
 - vi) **Clayton Chau, MD, PhD - Local Health/Hospital Planning Agency Representative:**
MOTION 8: Approve Clayton Chau, MD, PhD for the Local Health/Hospital Planning Agency representative seat, as presented (***Passed by Consensus***).
- (2) **Policies and Procedures:** Mr. Stalter reviewed Policies/Procedures for approval to forward to the Commission.
- (a) **Policy/Procedure #07.1001: Duty Statement, Commissioner:**
MOTION 9: Approve Policy/Procedure #07.1001: Duty Statement, Commissioner, as presented (***Passed by Consensus***).
- (b) **Policy/Procedure #08.1301: Commission Representation at Conferences, Meetings and Other Sanctioned Events:**
MOTION 10: Approve Policy/Procedure #08.1301: Commission Representation at Conferences, Meetings and Other Sanctioned Events, as presented (***Passed by Consensus***).
- (c) **Policy/Procedure #08.3100: Representation of Commission by Members:**
MOTION 11: Approve Policy/Procedure #08.3100: Representation of Commission by Members (***Passed by Consensus***).
- (d) **Policy/Procedure: #08.2203: Teleconference Meetings:**
MOTION 12: Approve Policy/Procedure: #08.2203: Teleconference Meetings, as presented (***Passed by Consensus***).

D. Public Policy Committee:

(1) 2016-2017 Legislative Agenda:

- Mr. Fox noted the Committee meets the first Monday of the month. Bills are now moving quickly. They had to move out of Appropriations near the time of the last meeting and will now have to move out of their house of origin. An updated docket should be available for review by the next meeting.
- It was not known at the last meeting if California HIV Alliance budget asks would be included in the final Legislative budget. Since then, they have been approved by the Budget Conference Committee which resolves differences between Senate and Assembly budgets and the Legislature has submitted its final budget to Governor Brown.
- The budget is due 7/1/2016. It is expected Governor Brown will sign it any day with no line item vetoes.
- California HIV Alliance asks now likely to remain in the budget are: eliminate ADAP co-payments for those between 400% and 500% of the Federal Poverty Level (FPL); expansion of OA-HIPP to those with employer-based coverage; and initiation of a state PrEP affordability program to help pay for medical, lab and other out-of-pocket costs.
- Governor Brown may not approve a \$\$ million ask for STDs from General Funds. It was not a California HIV Alliance ask. Mr. Pérez said it would be one-time funding in a difficult procurement environment so may be hard to spend.
- Separately, discussions with the state the prior week indicate there may be up to \$500,000 available from a separate funding stream for Hepatitis C rapid testing test kits and training to build capacity..
- SB 10 was passed and signed by Governor Brown. An extension of Senator Lara's Health For All campaign, it directs California and Covered California to request a federal administration waiver to allow undocumented persons to

purchase insurance through Covered California if they choose to do so. it does not include federal subsidies. He was unsure whether PLWH would be eligible for OA-HIPP should the waiver be approved.

- AB 2640 passed the Assembly and was in the Senate with a hearing scheduled 6/29/2016 in the Health Committee. It would require a person administering an HIV test or the medical provider to provide HIV prevention information including PEP and PrEP to those who are high risk and test HIV-negative. The California Medical Association was opposed, but agreed to drop its opposition 6/27/2016.

(2) Housing/Homelessness Initiatives:

- Mr. Watts said the Committee discussed local housing issues, but has not yet developed a position(s). Further discussion will address identifying a stable funding source for affordable housing and wrap-around services.
- Some options will be on the November ballot, e.g., a \$1.2 billion bond for affordable housing development over a couple of years, but there are concerns with ensuring the income eligibility level addresses those most in need. The City of Los Angeles was considering a parcel tax. The County requested state authority to tax income over \$1 million up to 1%, but the request was denied so the County was reviewing other options.
- Mr. Fox added there may be up to \$400 million in state General Funds in the budget for housing as well.

11. CAUCUS REPORTS:

A. Consumer Caucus:

- Mr. Donnelly reported the Caucus reviewed its letter on housing and decided to leave it as written.
- The Caucus discussed the then upcoming Jail visit. A Center for Health Justice representative happened to attend and provided advance information on the environment. Mr. Pérez provided an update on service delivery in the Jail 6/23/2016 for the 6/24/2016 visit. He thanked Mr. Pérez, Ms. Barrit and Ms. McClendon for all their assistance.
- Mr. Land experienced significant improvement since his last visit. The facility was cleaner and in better repair. He found the tone threatening on his prior visit, but felt comfortable and well cared for on this visit.
- Dr. Mills was most impressed that everyone they talked with raised the issue of recidivism and the difficulty in discharge planning for PLWH, e.g., a PLWH without identification or funds released at 3:00 am. A nurse who provides services suggested establishing a shelter across the street. Dr. Mills felt, at the least, people could be provided \$8 to purchase identification and release might be delayed until buses start running.
- Mr. Pérez noted his PowerPoint presentation reviewed additional needs including coordinated releases. The Sheriff's Department is under pressure from federal oversight to release prisoners when they are eligible. Releases from state prisons are more predictable so case managers can meet them at the gate.
- Mr. Fox had heard that the Jail receives payment for one day once the day starts at midnight. Releasing prisoners in the early morning means they receive the per diem without needing to provide the day's services. Mr. Pérez said if that were the case, DHSP might be able to negotiate payment of the per diem itself if the Jail agreed to release prisoners during a regular timeframe so a case manager could be available for a warm hand-off as is done with the state.
- PrEP access is another desirable service, but there is a staffing issue. A nurse and clerk have been added to the Memorandum Of Understanding. The resources are there, but hiring has been slow. Advocacy can help.
- DHSP also wants to revamp case management to make discharge planning much more seamless and effective. Mr. Donnelly noted Ms. Granados, SBP Co-Chair, said SBP was also addressing case management.
- DHSP offers HIV testing, STD screening and Transitional Case Management teams in K6G. Those in general population need to request services from a counselor. SB 90 is an old bill that mandated many activities at the county level, but it has been some 15 years since Los Angeles County accessed any of its resources. It provided that anyone arrested and convicted of a sexual offense could be court ordered to get an HIV test as a condition of release.
- There will be no July Caucus meeting due to the extended Commission meeting.
- ➡ Mr. Pérez will follow-up on underlying causes for early morning Jail releases.
- ➡ Messrs. Fox and Pérez will follow-up on whether there is mandatory testing for people arrested for solicitation.

B. People of Color Caucus: Ms. Barrit reported preparatory work for a meeting is ongoing.

C. Transgender Caucus: Ms. Enfield said the Caucus will continue work on its November Summit at its 7/18/2016 meeting.

D. Youth Caucus: The Caucus was refocusing to recruit for Tiers 2 and 3 listening sessions and Special Populations.

E. Women's Caucus:

- Ms. Gordon reported the Caucus had a short meeting with a conference call follow-up. It is comparing effective services for men versus what works for women. They are very different.

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- The Caucus chose to develop a grassroots network to address what women can do for themselves and gain strength from each other. That work is not within the Commission context, but can be developed as a parallel activity.
- Mr. Winder asked if there had been a colloquium on women. He felt many researchers focus on men and/or MSM. It could be helpful to identify researchers who focus on women. He was aware of one in Chicago.
- Mr. Land noted there have been presentations, but additional work and perhaps a Summit would be valuable.
- Ms. Gordon said the Caucus felt a Summit was beyond the current need, but a presentation on the Positive Women's Network report would offer a good start. Women need to feel comfortable in acknowledging that they are HIV+. Stigma is a major concern. Women need to feel that they are valuable and not immoral.
- Ms. Gordon added men and especially MSM had the rug pulled out from under them as a collective community. That fostered a sense of community and power that is still evident. Women did not have that experience so need to foster that sense and strength of community. Mr. Stalter offered to help develop networking approaches.
- ➡ Explore a colloquium pertaining to research on women with HIV.
- ➡ Mr. Stalter offered to speak to the Caucus on strategizing work.

12. NEXT STEPS:

- A. **Task/Assignment Recap:** There were no additional items.

13. ANNOUNCEMENTS:

There were no announcements.

14. ADJOURNMENT:

The meeting adjourned at 2:55 pm.